



SHAKALAND TECHNICAL COLLEGE

ENROLMENT FORM NATED BUSINESS STUDIES

BUSINESS MANAGEMENT N4 – N6 FULL TIME

STUDENT NUMBER	
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TITLE																				
SURNAME																				
FIRST NAME/S																				
ID NUMBER																				
GENDER	M		F		DISABLED				Y		N									
	(Specify disability)																			
STUDENT CELL																				
LANGUAGE																				
RACE	BLACK		INDIAN		WHITE		COLOURED													
NATIONALITY	SA		OTHER (SPECIFY)																	
MEDICAL HISTORY																				
PARENT/GUARDIAN																				
POSTAL ADDRESS																				
RESIDENTIAL ADDRESS																				
	PROVINCE				POSTAL CODE															
TEL. No																				
PARENT																				
CELL																				
COURSE	BUSINESS MANAGEMENT				LEVEL			N 4	N 5	N 6										
SUBJECTS	TICK											AMOUNT								
PUBLIC FINANCE																				
ENTREPRENEURSHIP AND BUSINESS MANAGEMENT																				
PUBLIC ADMINISTRATION																				
MANAGEMENT COMMUNICATION																				
COMPUTER PRACTICE																				
MUNICIPAL ADMINISTRATION																				
PUBLIC LAW																				
												TOTAL								
REGISTRATION FEES																				
DEPOSIT																				
BALANCE																				

ENROLMENT OFFICER

SIGNATURE

DATE